

## **Sign Permit Application**

City of Charleston

*I. Instructions:* Complete form and submit with required information and fee to **Planning, Preservation and Sustainability**, 75 Calhoun Street, 3<sup>rd</sup> floor. Incomplete submittals will not be processed.

I. General Information for all Signs:   Address at sign location:	tion of: Yes/No
Business Name (at sign location):  Sign Co.:  Your Name:  Is the location of the sign(s) within the jurisdict Board of Architectural Review (BAR)? Yes/No  Commercial Corridor Design Review Board (CCDRB)?  III. For Submittals with Multiple signs:  For applications with more than two proposed signs, ple complete and attach a Sign Permit Application Attachment.  IV. Submittal Requirements:  A. Material and Color Samples for proposed sign(s).  B. Photographs of all existing signs on the property (to remain or be removed) and photographs of whew signs will be located. Note on the photographs which signs are to remain and which are to be rem.  C. Scaled & Dimensioned Site Plan showing location of proposed sign(s), existing sign(s) to remain and sign(s) to be removed and their distances to property lines and driveways (for freestanding signs only).  D. Scaled and Dimensioned Elevation Drawings of Proposed Sign(s). Note proposed location(s), mat colors. Measure sign face area as the entire area within a rectangle enclosing the extreme limits sign face, including any frame or border.  E. How many of each type of sign are you proposing?  Freestanding (Monument, Fence/Wall, or Directional)  Façade (On the Building: Flat, Right Angle, or Canopy/Awning)  Window  Sign # Type of Sign:  Letter type & Illumination:  Sign face height:  ft. x face width:  ft. = sign face:  so. ft.  Total Height if Freestanding	tion of: Yes/No
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If Window Sign: Window Height: ft X Window Width: ft = saft X 20 = saft X 20 =	aft max
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If Canopy Sign: Surface Height:ft X Surface Width:ft =sqft X .20 =s	gft max
If Window Sign: Window Height:ft $\times$ Window Width:ft =sqft $\times$ .20 =s	
Applicant Signature:	
FOR OFFICE USE ONLY: Date application received Staff person Fee \$ Receipt #	
TON OFFICE OIL ONLY, Date application received	
BAR: Date: Date: Date: Approved Approved w/conditions Disap	
CCDRB: Date:	oproved
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